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FAX COVER SHEET

DATE: December 10, 2004

PAGES (INCLUDING COVER): 39

TO: Commissioner for PatentsFAX: 703-872-9306CLIENT NUMBER: 060695-0002FROM: Gabriel S. Gross/Reg. No. 52,973

MESSAGE: Please see attached Transmittal Forms and Revocations of Power of Attorney with New Power of Attorney and Change of Correspondence Address for the following matters:

App ication Nos.:

1.	10/657,722	11.	29/188,787
2.	10/610,312	12.	29/188,052
3.	10,601,133	13.	29/187,658
4.	10/293,235	14.	29/185,105
5.	29/191,069	15.	29/169,951
6.	29/191,067	16.	29/151,726
7.	29/191,066	17.	10/910,953
8.	29/191,065	18.	10/720,578
9.	29/189,363	19.	10/695,429
10.	29/188,902		

MN22: 258_1.DOC

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PTO/SB/21 (09-04)


Approved for use through 07/31/2006, OMB 0651-0031

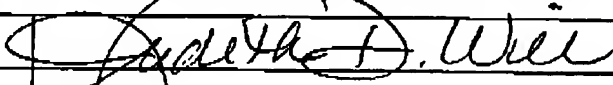
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/720,578	
	Filing Date	11/24/2003	
	First Named Inventor	Larry Buchmann	
	Art Unit	3724	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	2	Attorney Docket Number	2185.015USQ

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Godfrey & Kahn, S.C.		
Signature			
Printed name	Gabriel S. Gross		
Date	Dec. 10, 2004	Reg. No.	52,973

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Judith D. Will
Date	12-10-04

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PTO/SB/62 (09-04)

Approved for use through 11/30/2005. OMB 0651-0005
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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/720.578
Filing Date	11/24/2003
First Named Inventor	Larry Buchmann
Art Unit	3724
Examiner Name	Not Yet Assigned
Attorney Docket Number	2185.015USQ

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

20572

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

20572

OR

☐ Firm or
Individual Name

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City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Michael Peterson

Date

Telephone

203-332-4142

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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